

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90167 039 \*\*\*\*61.25

**DOCUMENT # 754878**

1. Entity Name  
**JACKSONVILLE CHAMBER OF COMMERCE, INC.**

Principal Place of Business <b>3 INDEPENDENT DRIVE          JACKSONVILLE FL 32202          US</b>	Mailing Address <b>3 INDEPENDENT DRIVE          JACKSONVILLE FL 32202-5004          US</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**RUUG1004**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0306160** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>LEE, WALTER M. III          3 INDEPENDENT DRIVE          JACKSONVILLE FL 32202</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PDS	Lee, Walter M. III 3 INDEPENDENT DRIVE JACKSONVILLE, FL 00000	TITLE D	Carol C. Thompson 1301 River Place Boulevard, Suite 1700 Jacksonville, FL 32207
TITLE D	Jenkins, Leerie T Jr 4651 Salisbury Rd, Ste 400 JACKSONVILLE FL 32256	TITLE D	Harden, Ceree P.O. Box 2286, 806 Riverside Ave. Jacksonville, FL 32202
TITLE C	Harden, Ceree P O BOX 2286, 806 RIVERSIDE AVE JACKSONVILLE FL 32202	TITLE T	Anderson, John K. 1776 American Heritage Drive Jacksonville, FL 32224
TITLE D	Anderson, John 1776 AMERICAN HERITAGE DR JACKSONVILLE FL 32224	TITLE D	T.R. Hainline 1301 Riverplace Boulevard Suite 1500 Jacksonville, FL 32207
TITLE D	Fawbush, Andrew J 50 N. LAURA ST, STE 2800 JACKSONVILLE FL 32202	TITLE C	Mason, William C. 1301 River Place Blvd., Ste. 1700 Jacksonville, FL 32207
TITLE D	Mason, William C 1301 RIVER PLACE BLVD., STE 1700 JACKSONVILLE FL 32207		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** *1/26/00 (904)366-6631*

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF12E037 (9/99)